

Case Number:	CM13-0040835		
Date Assigned:	12/20/2013	Date of Injury:	04/13/2013
Decision Date:	02/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34 year old male who worked for [REDACTED] as a forklift operator in the milk plant; he suffered a work related injury on 04/13/2013 which caused lower back and right leg pain. The patient states that he was pulling a dumpster when his foot slipped and he hyperextended his back. The patient reported the injury and was admitted to [REDACTED] that same day. He was admitted for several days in which he was administered a lumbar epidural injection and was prescribed diclofenac, Tramadol and zanaflex. The patient states that the medication has not been helping. An MRI of the spine showed L 4-5 disc extension, with severe right lateral recess stenosis. The patient states that symptoms are worse when climbing up and down stairs. He complains of persistent pain in the back, radiating down the right leg. He complains of numbness, tingling, and weakness in the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home Health Nurse evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009, Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic) (Updated 11/14/2013) Home Health Services

Decision rationale: The request for Home Health Nurse evaluation before surgery is performed appears to be premature. Also, there is no evidence that the proposed surgery had been approved. Also, there is no documentation of required treatment to be provided to the patient. According to Anthem Blue Cross, Home Health, Home health services are considered medically necessary when all of the following criteria 1 through 4 are met: 1. The patient is confined to the home; 2. The service must be prescribed by the attending physician as part of a written plan of care; 3. The service(s) is so inherently complex that it can be safely and effectively performed only by: a) Qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, and speech pathologists or audiologists; and b) The home health services are provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result; and 4. The primary care physician should review the treatment plan at least once every 30 days to assess the continued need for skilled intervention. Since none of the above stipulate criteria are met, the request for Home Health Nurse evaluation is not medically necessary.

Post-op home physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009, Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service Page(s): 51.

Decision rationale: The request for Post-op home physical therapy is not medically necessary because the surgery has not been performed. Also the body part and frequency of therapy is not documented. Beside the predicated surgery has not been authorized.

Additional acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 8 to 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic) (Updated 11/14/2014) Acupuncture. Medicare (CMS)

Decision rationale: Per medical records reviewed, this patient has had 6 previous sessions of acupuncture according to RFA dated 10/11/2013. Per the ODG acupuncture guidelines noted below, acupuncture treatments may be extended if functional improvement is documented. There is no clear documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications. Therefore the request for additional 8 sessions of acupuncture therapy is not medically necessary.

